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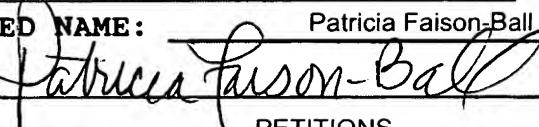
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 80508(302721)
Application Number	10/581,266-Conf. #3158	Filed June 1, 2006
For SADDLE FOR EXERCISE EQUIPMENT AND EXERCISE EQUIPMENT USING THE SAME		
Art Unit 3764	Examiner	O. I. Ginsberg
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,152</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>/S. Peter Konzel/</u> Signature		Date <u>July 21, 2011</u>
<u>S. Peter Konzel</u> Typed or printed name		Telephone Number <u>(202) 478-7370</u>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.	Adjustment date: <u>08/04/2011</u> CKHLOK <u>07/22/2011</u> INTEFSW <u>00002655</u> <u>041105</u> 02 FL1E03 1110.00 CK 10581266	

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: July 21, 2011

Electronic Signature for S. Peter Konzel: /S. Peter Konzel/

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request:	08/02/11	2 Serial/Patent #	10/581,266	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	
<input type="checkbox"/> Filing			\$	
<input type="checkbox"/> Amendment			\$	
<input checked="" type="checkbox"/> Extension of Time		IFW	07/21/11	\$ 1,110.00
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,110.00	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/> Overpayment		Treasury Check		
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #: 9 0 4 -- 1 1 0 5		
<input checked="" type="checkbox"/> No Fee Due (Explanation): Outside maximum period obtainable on extension of time				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		Patricia Faison-Ball		TITLE: Attorney
SIGNATURE: 				PHONE: 2-3212
OFFICE: PETITIONS				
***** THIS SPACE RESERVED FOR FINANCIAL USE ONLY *****				
APPROVED: 		DATE: 8/4/11		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B